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CONFIRMATION NO. 4631

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APPLICANTS

Richard Henry Pohle, Kula, HI;

\*\* CONTINUING DATA \*\*\*\*\* None (M.H.)

\*\* FOREIGN APPLICATIONS \*\*\*\*\* None (M.H.)

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 05/07/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY HI	SHEETS DRAWING 10	TOTAL CLAIMS 45	INDEPENDENT CLAIMS 3
Verified and Acknowledged	Examiner's Signature <u>M.H.</u> Initials				

ADDRESS

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TITLE

Spherically-enclosed folded imaging system

FILING FEE  RECEIVED 1670	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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